	Clear Form				
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4	FEB 22 2022				
5	CLERK, U.S. DISTRICT COURT				
6	NORTH DISTRICT OF CALIFORNIA				
7					
8	UNITED STATES DISTRICT COURT NORTHERN DISTRICT OF CALIFORNIA				
9	JOHN DOE, A non-lawyer Pro Se				
11	Plaintiff, CASE NO				
12	vs. ) APPLICATION TO PROCEED				
13	United States and DOES 1 through 20    IN FORMA PAUPERIS (Non-prisoner cases only)				
14	Defendant. )				
15					
16	I, Scott Douglas Redmond, declare, under penalty of perjury that I am the plaintiff				
17	in the above entitled case and that the information I offer throughout this application is true and				
18	correct. I offer this application in support of my request to proceed without being required to				
19	prepay the full amount of fees, costs or give security. I state that because of my poverty I am				
20	unable to pay the costs of this action or give security, and that I believe that I am entitled to relief.				
21	In support of this application, I provide the following information:				
22	1. Are you presently employed? Yes No				
23	If your answer is "yes," state both your gross and net salary or wages per month, and give the				
24	name and address of your employer:				
25	Gross: Net:				
26	Employer:				
27					
28	If the answer is "no," state the date of last employment and the amount of the gross and net salary				



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1	and wages per month which you received.				
2	2007 - last employment before fully disabled				
3	( <del></del>				
4	N-				
5	2. Ha	ive you received, within the past twelve (1	2) months, any money from any of the		
6	following sources:				
7	a.	Business, Profession or	Yes No <u>/</u>		
8		self employment?			
9	b.	Income from stocks, bonds,	Yes No <u>/</u>		
10		or royalties?			
11	c.	Rent payments?	Yes No 🗸		
12	d.	Pensions, annuities, or	Yes No		
13		life insurance payments?			
14	e.	Federal or State welfare payments,	Yes No		
15		Social Security or other govern-			
16		ment source?			
17	If the answer is "yes" to any of the above, describe each source of money and state the amount				
18	received from each.				
19	Approx S	\$800 from Social Security Disability			
20					
21	3. A1	re you married?	Yes No 🔽		
22	Spouse's l	Full Name:			
23	Spouse's l	Place of Employment:			
24	Spouse's Monthly Salary, Wages or Income:				
25	Gross \$_	Net \$			
26	4. a.	List amount you contribute to your s	pouse's support:\$		
27	b.	List the persons other than your spou	se who are dependent upon you for support		
28		and indicate how much you contribute	te toward their support. (NOTE: For minor		

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children, list only their initials and ages. DO NOT INCLUDE THEIR NAMES.)				
5. Do you own or are you buying a home? Yes No				
Estimated Market Value: \$ Amount of Mortgage: \$				
6. Do you own an automobile? Yes No				
Make Hyundai Year 2019 Model Blue				
Is it financed? Yes No If so, Total due: \$				
Monthly Payment: \$				
7. Do you have a bank account? Yes No (Do <u>not</u> include account numbers.)				
Name(s) and address(es) of bank: Pate ko, San Mateo				
Present balance(s): \$ About \$500.00				
Do you own any cash? Yes No Amount: \$ About \$200.00				
Do you have any other assets? (If "yes," provide a description of each asset and its estimated				
market value.) Yes No				
8. What are your monthly expenses?				
Rent: \$ 280 Utilities: 15				
Rent: \$ 280 Utilities: 15				
Rent: \$ 280         Utilities: 15           Food: \$ 200         Clothing: 20           Charge Accounts:         Monthly Payment         Total Owed on This Account				
Rent: \$ 280   Utilities: 15				
Rent: \$ 280 Utilities: 15  Food: \$ 200 Clothing: 20  Charge Accounts:  Name of Account Monthly Payment Total Owed on This Account				
Rent: \$ 280       Utilities: 15         Food: \$ 200       Clothing: 20         Charge Accounts:       Monthly Payment       Total Owed on This Account         N/A       \$				
Rent: \$ 280       Utilities: 15         Food: \$ 200       Clothing: 20         Charge Accounts:       Monthly Payment       Total Owed on This Account         N/A       \$\$         \$\$       \$\$				
Rent: \$ 280       Utilities: 15         Food: \$ 200       Clothing: 20         Charge Accounts:          Monthly Payment				
Rent: \$\frac{280}{200}  \text{Utilities: }\frac{15}{20}  \text{Clothing: }\frac{20}{20}  \text{Clothing: }\frac{20}{20}  \text{Charge Accounts:}  \text{Monthly Payment }  \text{Total Owed on This Account }  \text{N/A}  \text{\$  \text{S}  \text{\$  \text{\$  \text{S}  \text{\$  \text{S}  \text{\$  \text{S}  \$  \text{\$  \text{\$ \qua				

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1	NO		
2	10. Does the complaint which you are sæking to file raise claims that have been presented in		
3	other lawsuits? Yes No		
4	Please list the case name(s) and number(s) of the prior lawsuit(s), and the name of the court in		
5	which they were filed.		
6	California Victim Compensation & Government Claims Board Claim # G628261		
7	Case No. 1:12-CV-00774-mms Federal Court DC		
8	I declare under the penalty of perjury that the foregoing is true and correct and understand that a		
9	false statement herein may result in the dismissal of my claims.		
10	1 1		
11	2/18/22 /M/ A/CJ-710-e		
12	DATE SIGNATURE OF APPLICANT		
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